Name in Full Joseph A. Barry

Certificate of Death

Died at Town Smacoming County Allegany MARYLAND

Date 1899 Month Feb Day 7 Age Y. 22 M. 2 D. 23 Native of Allegany Co. Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife 26

Father's Name Patrick Barry Mother's Name Mary Connelly

Cause of Death Primary Rheumatic fever Recurrent from childhood with previous attacks of Pericarditis How long sick 4 weeks

Immediate Pericarditis ~~Accident, Suicide, Homicide~~

Reported by James O. Bullock M.D.

Address Smacoming Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66965

Name In Full Bean

Certificate of Death

Died at Town Barton County Allegany MARYLAND

Date 1899 Month 2 Day 19 Age Y. M. D. 2 Native of 1 Occupation 1

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Bean

Mother's Name Sarah Barnhill

137

Cause of Death

Primary Congenital heart

Immediate trouble

How long sick

Accident, Suicide, Homicide

Reported by J. T. L. Conroy

Address Barton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full

Certificate of Death

Mary Catherine Braggs

Died at Cumberland (Town) Allegany (County) MARYLAND

Date 1899 Month Feb. Day 21

Age Y. — M. 1. D. 4

Native of Md

Occupation child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of Wife —

Father's Name Joseph Braggs

Mother's Name Annie Braggs

Cause of Death Primary Syphilis 24

Immediate Erysipelas

How long sick

~~Accident, Suicide, Homicide~~

Reported by J Jones Wilson

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Hyatt. A. Brooks

Certificate of Death

Died at — Town: Asylum — County: Alle 9 — MARYLAND

Date 1899 — Month: Feb — Day: 26 — Age: Y. 24 M. — D. — Native of: Md — Occupation: Labour

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — Number of children living

Husband / Wife of

Father's Name

Mother's Name: 43

Cause of Death — Primary: Cerebral Softening — How long sick: 16 d

Immediate: Coma — Accident, Suicide, Homicide

Reported by: G. H. Brach

Address: Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Garrie Crosser

Certificate of Death

Died at Town Pekin County Allegany MARYLAND

Date 189 9 Month Feb Day 11 Age Y. 1 M. 7 D. 21 Native of N.O. Occupation ~~H~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name ~~Thomas~~ Thomas Crosser Mother's Name Priscilla Crosser

Cause of Death Primary La Grippe - Bronchi Pneumonia How long sick 18 days

Immediate Convulsion 9 ~~Accident Suicide Homicide~~

Reported by M. Gibson Porter M.D.

Address Conaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mary Elkins

Certificate of Death

Died at Town Ellerslie County Allegany MARYLAND

Date 1899 Month 2 Day 9 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Ross Elkins

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Courier 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Bessie J Ernstine

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Feb Day 2 | Age Y. 22 M. — D. — | Native of Md | Occupation H W

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Durand Ernstine

Father's Name D. Franklin | Mother's Name 22a

Cause of Death: Primary Tuberculosis — How long sick 6 mos

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by E. H. Brace

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Andrew Entler

Certificate of Death

Died at Town Frosburg County Allegany MARYLAND

Date 189 9 Month 2 Day 19 Age Y. 34 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Mining Journal 2-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Harry Foot

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month Feb Day 21 Age Y. 1 M. 2 D. — Native of U.S. Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Felix Foot Mother's Name 9 Foot

Cause of Death Primary La Grippe & Cap. Bronchitis How long sick

Immediate ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

John Grooms

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: ~~Feb~~ Day: 16 | Age Y. 88 M. — D. — | Native of | Occupation Laborer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ | Number of children living —

Husband / Wife of —

Father's Name —

Mother's Name —

Cause of Death: Primary — Pneumonia — 72 hours — How long sick a few days

Immediate — Exhaustion

~~Accident, Suicide, Homicide~~

Reported by E. T. Purse M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Harrett Howell

Certificate of Death

Died at — Town: Asylum — County: Alleg. — MARYLAND

Date 1899 — Month: 2 — Day: 9 — Age: Y. 57 — M. — D. — Native of: Md — Occupation: none

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of —

Father's Name — Mother's Name —

Cause of Death: Primary: Cerebral softening — How long sick —

Immediate: Coma 43 — Accident, Suicide, Homicide

Reported by: C H Brace

Address: Cumbd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66968

Name in Full

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month Feb Day 1 Y. M. D. Native of Md Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

~~Husband of~~ ~~Wife~~

~~Father's~~ ~~Name~~ Mother's Name Mary Y King

~~How long a resident~~

Cause of Death { ~~Primary~~ Immediate Exhaustion 16 }

Accident, Suicide, Homicide

Reported by B C. Miller

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full

Certificate of Death

Mrs Mary J King

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month Feb Day 11th | Age Y. 30 M. D. | Native of Pa | Occupation Housewife

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ ~~Wife~~ of of Mr J King

Father's Name

Mother's Name

Cause of Death { Primary Hemorrhage 161 | How long sick Six weeks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by B C Miller M.D.

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name In Full

Mrs. Lizzie

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation

Date 1899 2 Age

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carrier 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79948

Name In Full John M. McAfee

Certificate of Death

Town

County Allegany

Died at MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1899 2 | Age

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Heart failure 1556 — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Cumberland City Leader-Enterprise

Address 2-28-th/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John Mooney

Died at Town Cumberland County Allegany MARYLAND

Date 189 5 Month Feb Day 4 | Age Y. 38 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widower~~ Widower | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Brights Disease — How long sick Six weeks

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by B. C. Mullen M D

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65268

Name in Full: John Muir

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1899 Month: Feb Day: 18 Age Y. 22 M. — D. — Native of: Maryland Occupation: Miner

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

1526

Father's Name: Wm C Muir

Mother's Name: Elizabeth Robertson

Cause of Death: Primary: Gun shot wound of head, gray loss of brain substance, How long sick 8 hours,

Immediate: Shock due to Cerebral hemorrhage ~~Accident, Suicide, Homicide~~

Reported by: W. B. Skilling M.D.

Address: Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Wm. Murray

Certificate of Death

Died at Town Ockhart County Allegany MARYLAND

Date 1899 Month 2 Day 10 Age Y. 38 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 1456

Cause of Death: Primary Struck by engine & killed

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Independent 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mary Ellen Noonan

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Feby Day 15 Age Y. 39 M. — D. — Native of Baltimore Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name James Noonan

Mother's Name Hanora Noonan

Cause of Death Primary Gripp - Pneumonia 9

Immediate Consumption

How long sick

~~Accident, Suicide, Homicide~~

Reported by E. L. Jones

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Margaret Pegg

Died at Town: Frostburg County: Allegany MARYLAND

Date 1892 Month: Feby Day: 12 Age Y. 2 M. D. | Native of Md | Occupation —

~~Male~~ / Female ~~Colored~~ / White / ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / Divorced / ~~Number of children living~~

Husband / Wife of

Father's Name Frank Pegg

Mother's Name Sarah Street

Cause of Death: Primary Pneumonia

Immediate Convulsions

How long sick

Accident, Suicide, Homicide

Reported by A B Sice M D

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Charles Rayman

Certificate of Death

Died at near Mr. Savage Town County Allegany MARYLAND

Date 1899 Month 2 Dey Age Y. 62 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 142 G

Cause of Deeth Primary Crushed to death

Immediate in a saw mill

How long sick

Accident, Suicide, Homicide

Reported by Wicomico News Salisbury

Address 2-16

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

1C

Name in Full Shrout

Certificate of Death

Died at Town Lake County Alleghany MARYLAND

Date 189 Month Feb Day 6 Age Y. 46 M. 7 D. 3 Native of Md Occupation wife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Ten

Husband of Wife Geo Shrout

Father's Name Henry Moreland Mother's Name Jane Moreland

Cause of Death { Primary Internal Tumor How long sick Two years

Immediate Effect of Tumor 158

~~Accident~~, ~~Suicide~~ ~~Homicide~~

Reported by D. J. Long

Address Richmond Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Janet N. Russell Somerville

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1899 Month: Feb Day: 1 Age Y. 72 M. 8 D. — Native of: Scotland Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

~~Husband~~ Wife of Robert Somerville

Father's Name: William Russell Mother's Name: Janet Bowman

Cause of Death: Primary: La Grippe 9 How long sick: Two weeks

Immediate: Bronchial Asthma ~~Accident, Suicide, Homicide~~

Reported by: W. D. Skilling M.D.

Address: Lonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full

Certificate of Death

Alva J Tucker

Died at Town Enterprise County Lancaster ~~MARYLAND~~ Pa

Date 1899 Month 2 Day 8 Age Y. 37 M. 7 D. 28 Native of Md Occupation Various

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Dont know

Father's Name Ellis J. Tucker Mother's Name Melissa E Tucker

Cause of Death Primary — 142e How long sick immediate death

Immediate — Gun Shot ~~Accident~~, Suicide, ~~Homicide~~

Reported by N.H. H. Whiteford Undertaker

Address Darlington Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Had None

of

Information contained in this certificate re-

ceived from Ellis J Tucker

of Stafford Md

This Body was brought here from Va for interment

Seen by Coroner

of

over

Name In Full

Certificate of Death

C. Benton Twigg

Town County

Died at near Cumberland Allegany MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	2	6	Age				

Male	White	Married	Widow	Divorced
~~Female~~	Colored	Single	Widower	Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

161

How long sick

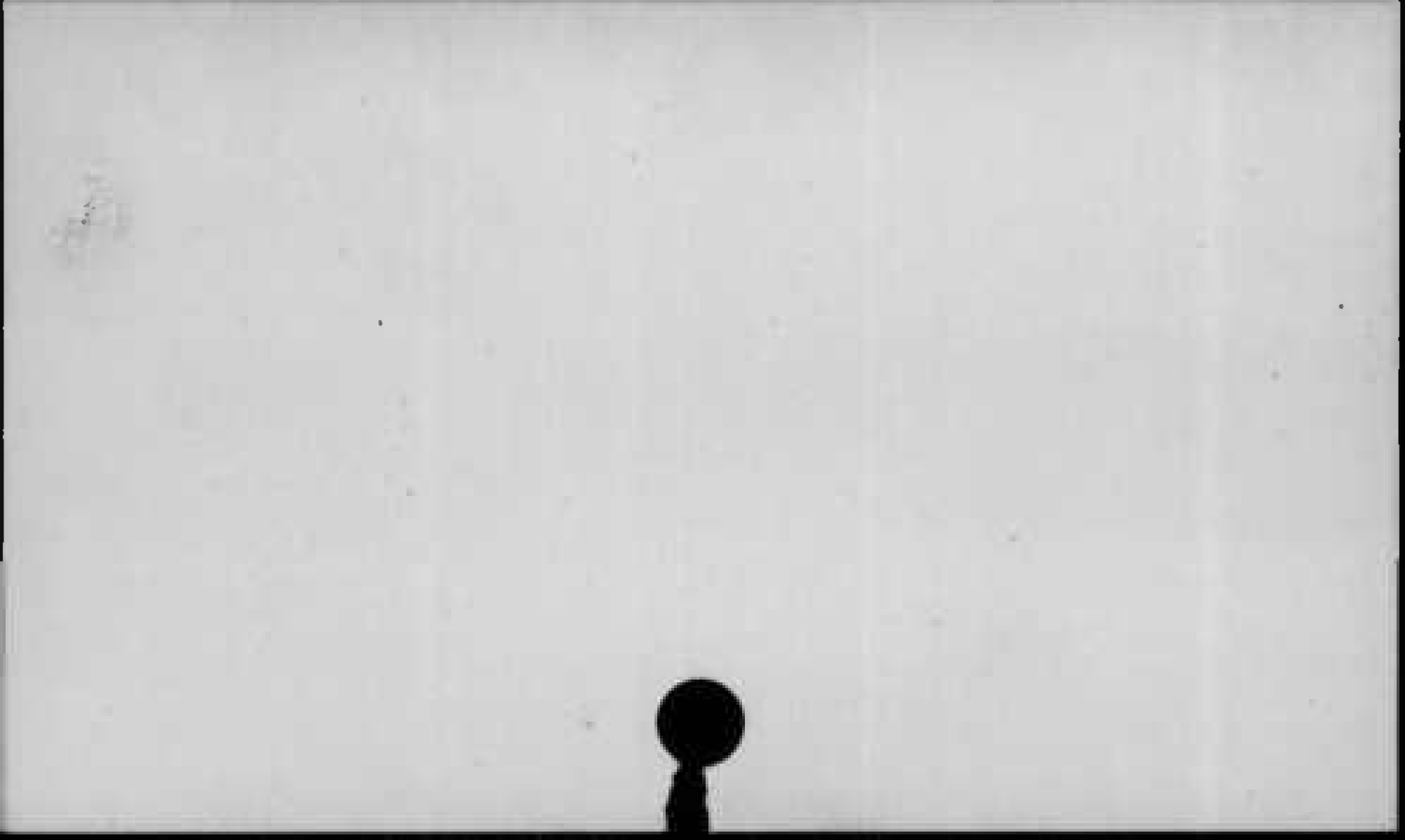
Accident, Suicide, Homicide

Reported by Mountain Democrat 2-9

Address

Must be signed by physician, if any in attendance, otherwise by [illegible]ner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full John A. Tocke

Certificate of Death

Town

County Allegany

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Data 189 9	2	7	Age 73			

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 6

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: La Grippe 9 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carrier 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name in Full: Mrs. Hannah Wordle Udy

Certificate of Death

Died at Town: Linacoming County: Allegany MARYLAND

Date 1899 Month: Feb Day: 4 Age Y. 61 M. — D. — Native of: England Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: Seven

~~Husband~~ Wife of: Frederick Udy Sr

Father's Name: John Wordle Mother's Name: Mary McKenzie

Cause of Death: Primary: Cancer of Rectum How long sick: One year

Immediate: Inanition 25c ~~Accident, Suicide, Homicide~~

Reported by: W. D. Skilling M.D.

Address: Linacoming Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Winkler

Certificate of Death

Died at Town Barton County Allegany MARYLAND

Date 189- Month 2 Day 20 | Age Y. 32 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Neme

Mother's Name 97

Cause of Death: Primary Bright-s disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Lancaster Star

Address [redacted] 2-23

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Rev Mr. Conway
St. Gabriel's Ch.

Name in Full John Winkler

Certificate of Death

Died at Town Barton County Ally MARYLAND

Date 1899 Month Feb. Day 20 Age Y. 31 M. 9 D. Native of Md Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Winkler

Mother's Name Rosalie Hohing

Cause of Death: Primary Mitral Stenosis 57 — How long sick 2 months

Immediate Brights Disease — Accident, Suicide, Homicide

Reported by Dr. Conroy

Address Barton Ally C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Luther Young

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Feb. Day 1st. Age Y. 40 M. D. Native of Md. Occupation Machinist.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name

Mother's Name 93

Cause of Death: Primary Peritonitis (suppurative) How long sick 10 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by H. H. Glansbury

Address 24 N Centre St Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868